



Combat/Operational Stress Control (COSC) Program

**THOMAS A. GASKIN, PH.D
DEPUTY COORDINATOR, COSC PROGRAM
HEADQUARTERS, MARINE CORPS
PERSONAL AND FAMILY READINESS DIVISION**

Commandant's Guidance 2006



Taking Care of Marines & Their Families

Marines take care of their own – period. This enduring pledge between Marines is never more sacred than during time of war. Just as every Marine makes a commitment to the Corps when they earn the title Marine, the Corps makes an enduring commitment to every Marine – and an enduring commitment to their family. Therefore, our Corps will:

- Continue support to our wounded warriors. Just as we engage enemies on the battlefield, we must be equally aggressive in our support for Marines and Sailors who bear the scars of battle. To all our injured warriors – those Marines who suffer visible wounds and those who bear the less visible wounds of Post Traumatic Stress Disorder or Traumatic Brain Injury – our commitment to you will not falter.





Overview of Combat/Operational Stress Control (COSC) in USMC

- The stress of the Long War affects Marines deployed to a war zone or serving elsewhere, as well as their family members
- Effectively managing operational stress at every level is essential to the **readiness** of the Marine Corps as a fighting force
- Preventing, identifying and treating stress injuries is essential to the **health** of our Marines and sailors, and their spouses and children
- COSC programs and policies promote prevention, identification, and management of stress injuries in the Marine Corps — before, during, and after deployment
- COSC is the responsibility of leaders at all levels



Combat Stress Control Is a Leadership Responsibility

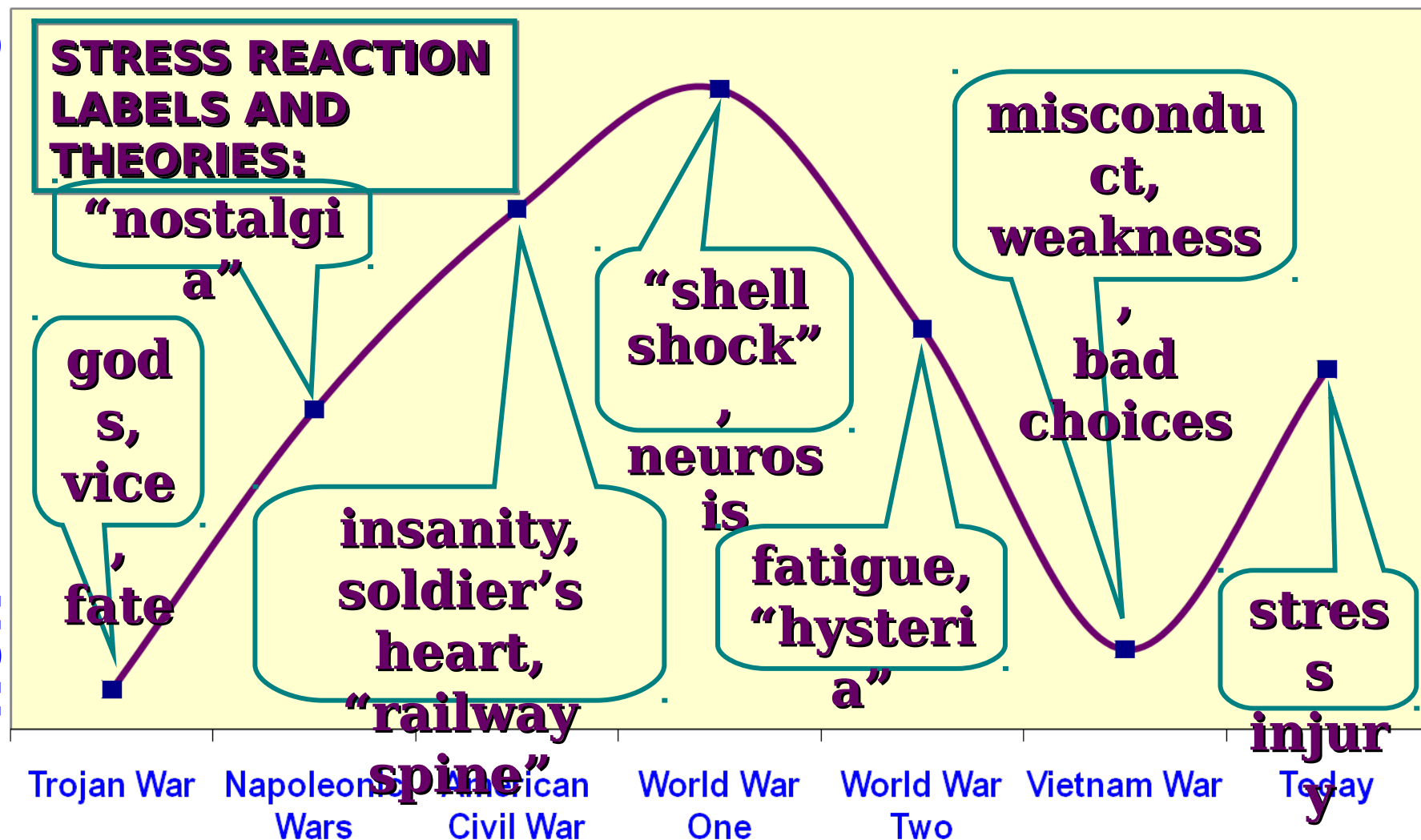
“Combat stress control is a leadership responsibility. It is a responsibility that cannot be delegated to mental health or chaplains. They can help us protect the spiritual health of our Marines, but I expect all my commanders to take on this responsibility personally.”

— **LtGen James Mattis**
CG, MARCENT

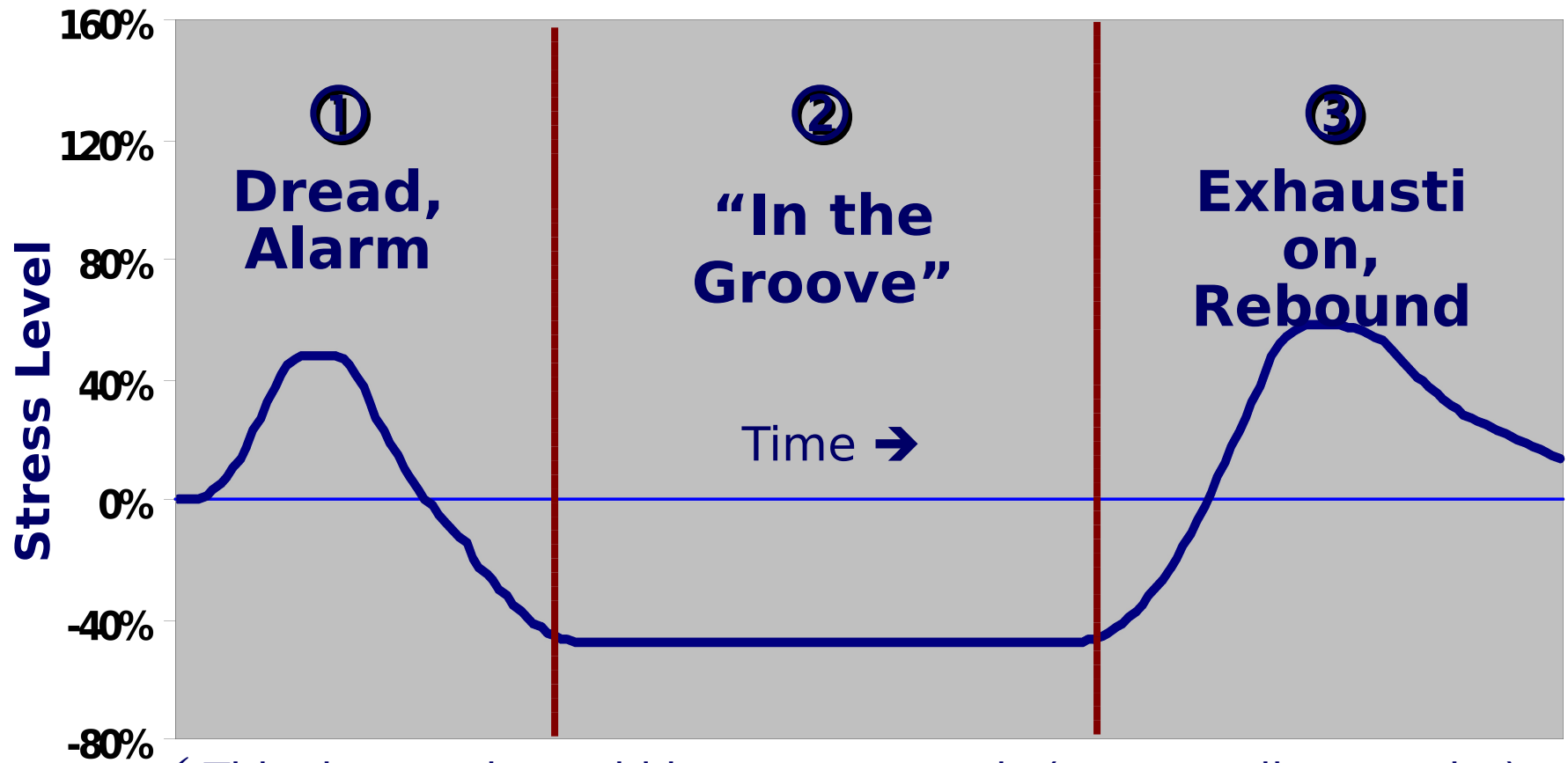
History of Combat Stress Theories



NON-MEDICAL
↕
MEDICAL



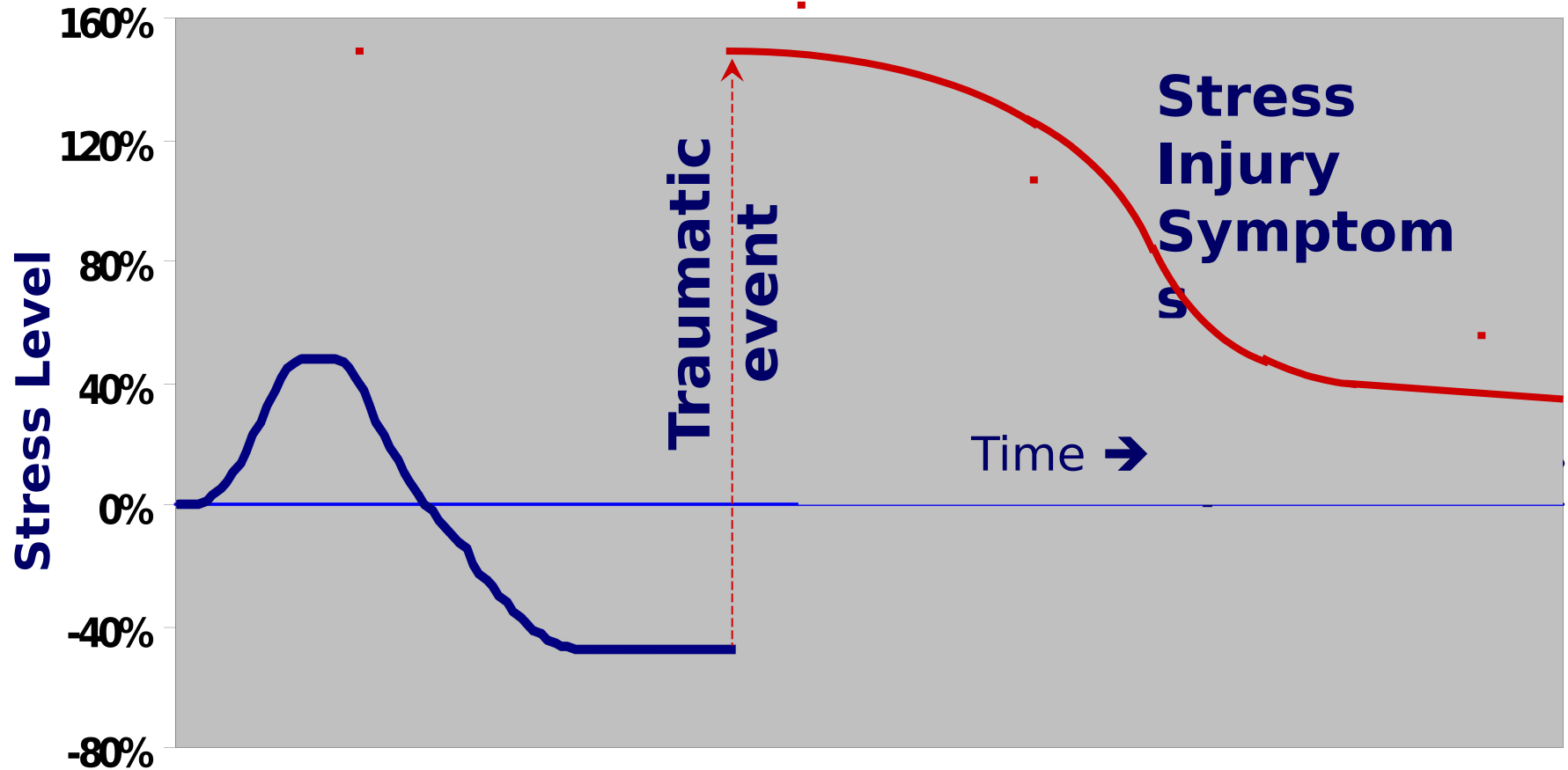
Three Phases of Normal Adaptation to Stress



- ✓ This time scale could be mere seconds (e.g., an all-out sprint), minutes (a single fire-fight), or months (an entire deployment)

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Adaptation Disrupted by Traumatic Stress Injury





Stress Adaptation vs. Stress Injury



Stress injuries can heal — they usually do

Adapting to stress

- Usually gradual
- Reversible
- Remain in control
- Retain normal function

Injured by stress

- May be abrupt
- Irreversible (but usually heals)
- Lose control (for awhile)



Three Stress Injury Mechanisms

Combat / Operational Stress

TRAUMA

- An impact injury
- Due to events involving terror, horror, or

FATIGUE

- A wear-and-tear injury
- Due to the accumulation of stress over

GRIEF

- A loss injury
- Due to the loss of people who are cared about



Immediate Traumatic Stress Symptoms

- **Loss of Control of:**
 - **Emotions** — intense terror, rage, horror, or helplessness
 - **Behavior** — reflex freezing, fleeing, or striking back when these are neither intended nor appropriate
 - **Bodily functions** — heart pounding too faster, shaking, urinating, defecating, paralysis, or loss of vision or hearing
 - **Rational thinking** — disorganized speech or behavior, or difficulty understanding or making sense of what is happening
 - **Memory** — amnesia for traumatic events, yet fragments of unwanted memories intrude on awareness
 - **Moral compass** — difficulty weighing options in terms of normal values and morals

Later Traumatic Stress Symptoms



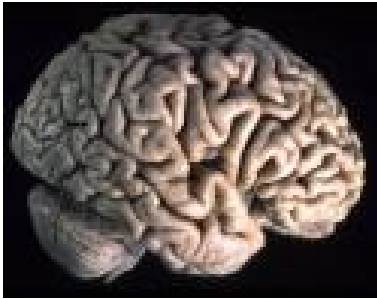
- **Re-experiencing**
 - Severe (repetitive) nightmares
 - Flashbacks or intrusive memories or mental images
- **Avoidance**
 - Avoidance of reminders of the traumatic experience
 - Phobia of returning to combat
- **Emotional numbing**
 - Feeling “cold”, hard, distant
 - Detachment from close relationships
- **Increased arousal or agitation**
 - Can’t calm down or relax, can’t get to sleep or stay sleep
 - Anxiety (panic) attacks or anger (rage) outbursts



How Do We Know Stress Injuries are Real and Literal?

- **Stress injuries leave a lasting mark**
 - Trauma and loss cannot be undone
 - Trauma and loss cause lasting changes (vulnerability and/or growth)
- **Stress injuries entail a (temporary) loss of function**
 - Loss of ability to regulate bodily functions like blood pressure
 - Loss of ability to regulate emotions (especially fear and anger)
 - Loss of ability to regulate thinking and memory
 - Loss of moral compass
- **Stress injury symptoms are very predictable (just as the symptoms of physical injury are predictable)**
- **Stress injuries involve identifiable damage to mind, brain, and relationships**

Mechanisms of Stress Injury



Biological

Memory problems: Damage to memory center (hippocampus)
Overreaction: Lowered threshold for fear response (amygdala)
Hypervigilance: Neurotransmitters on overdrive (norepinephrine)
Depression/anxiety: Neurotransmitters get used up (serotonin)



Personality change: Diminished control of emotion and impulses

Trouble making sense of fragmented memories
Lost sense of safety in the world
Severe self-blame or guilt
Grief over lost friends and acquaintances
Feeling out of control

Social

No answers to the big questions anymore

- ✓ What is important anymore?
- ✓ How do I forgive myself and others?
- ✓ Who can I trust?

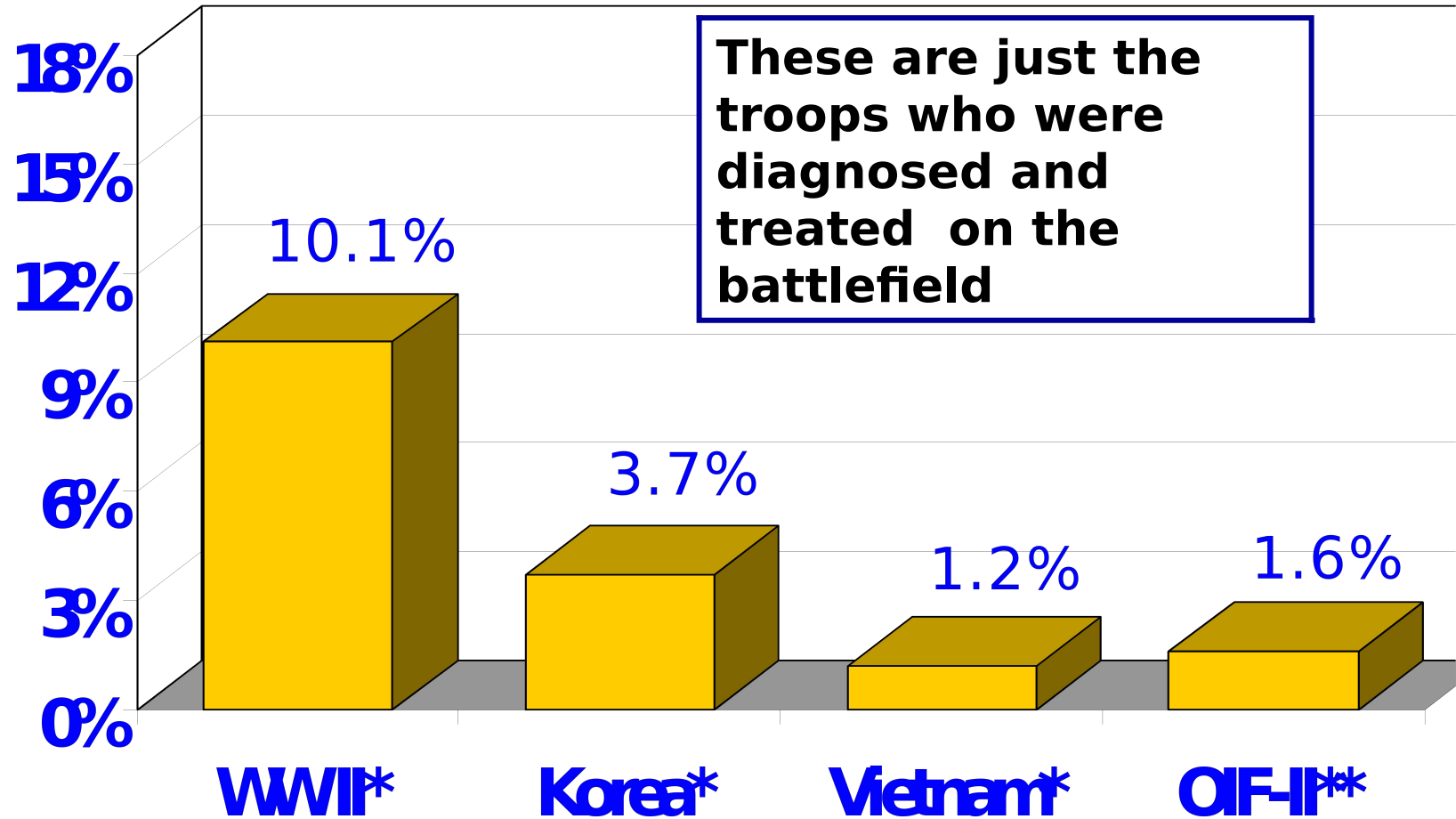
Loss of social support





Rates of In-Theater (Only) Stress Casualties in Four Wars

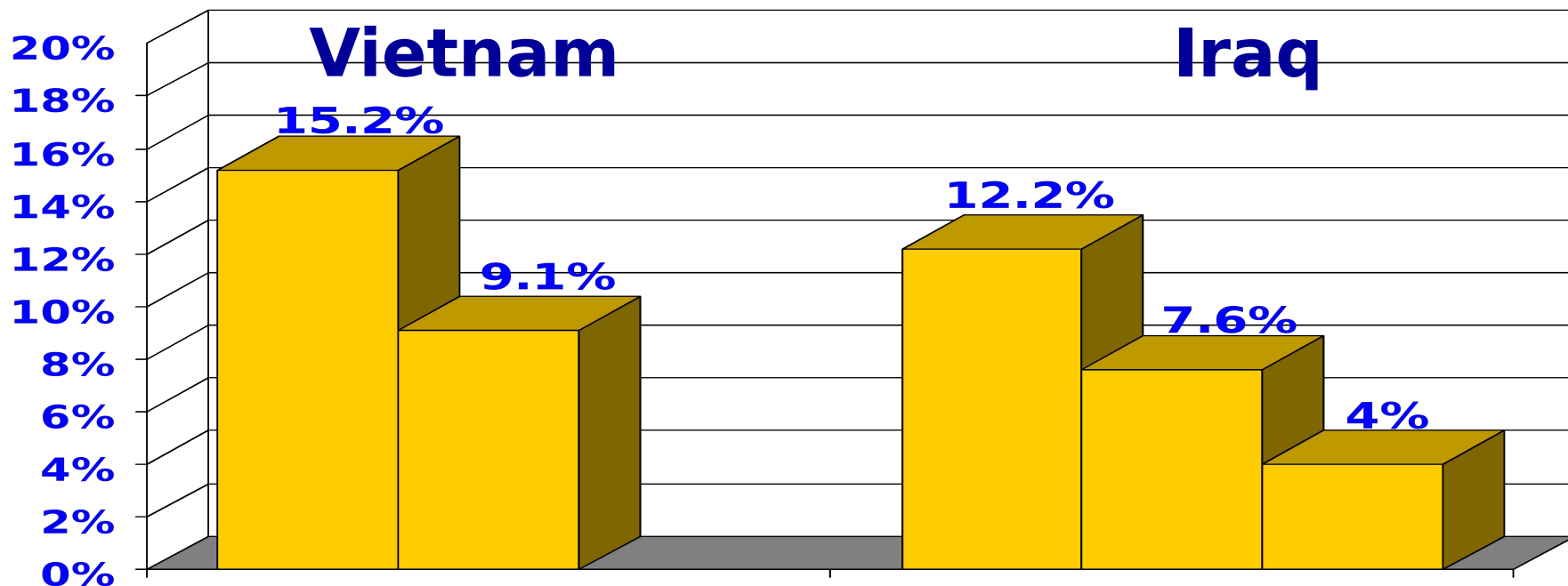
Combat Stress Casualty Rates
(Percentage of Troops)



*** All U.S. Forces; **I MEF only**



Estimated Prevalence of PTSD Post-Deployment



V.V.R.S.
(1988)
Dohrenwend et
al. (2006)

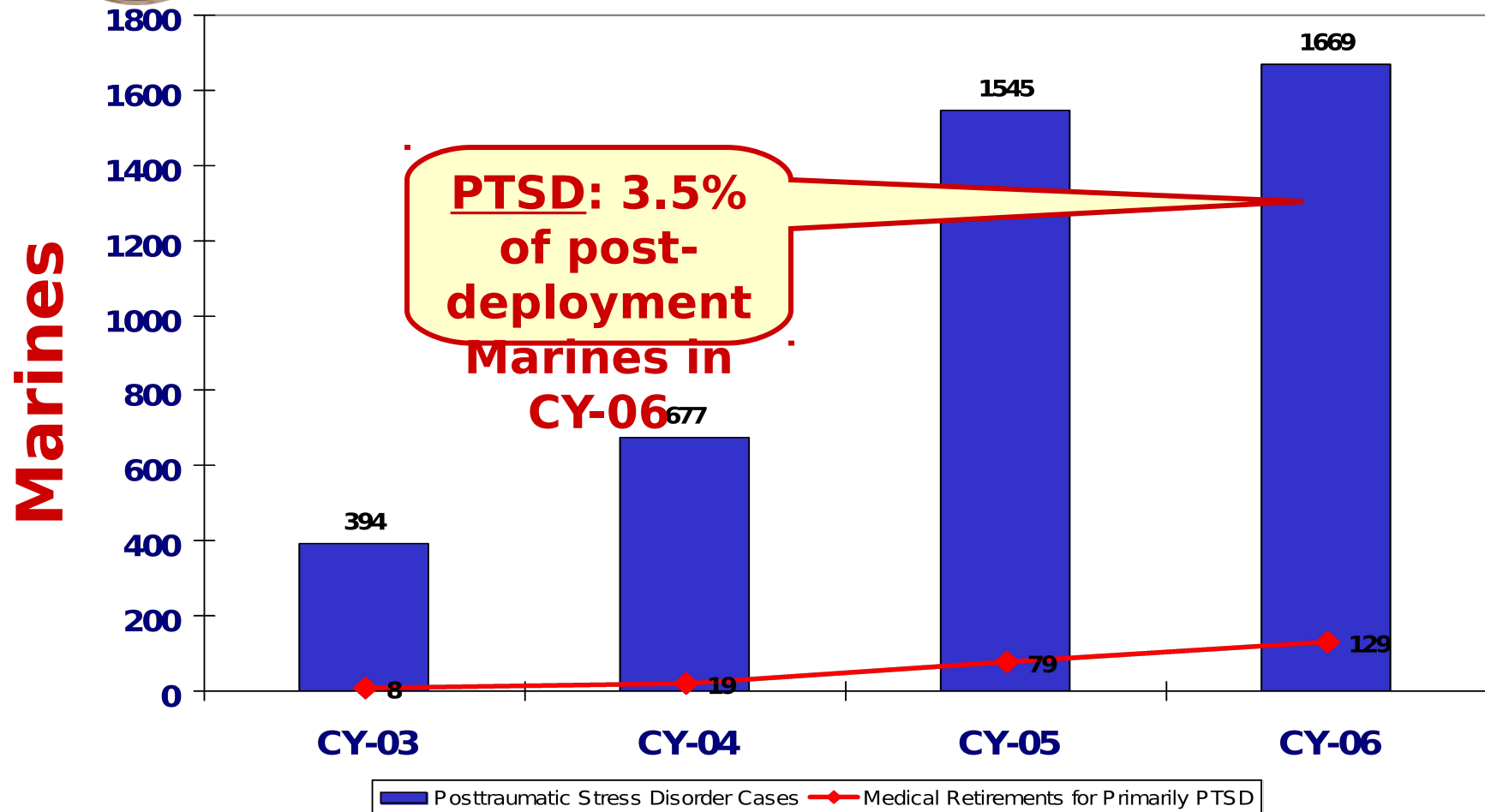
Hoge et al. (2004) —
Marines
NHRC Mill. Cohort
(in press)

Hotopf et al.
(2006) — UK

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Annual Marine PTSD Diagnoses and Medical Discharges for Primary Diagnosis of PTSD



Sources: - BUMED M2 Direct Care SADR Detail Reports & M2 Purchased Care DHP Non-Ins for new primary and secondary PTSD diagnoses, 17 Apr 07
- MCTFS TFDW Deployments and Medical Retirements for primarily PTSD, 15 Jun 07



Problems with Early Identification

- Stress wounds are invisible
- Stress injuries can be subtle in their early stages
- Stress injuries may not be evident until return home
- Warfighters hide their stress wounds from us



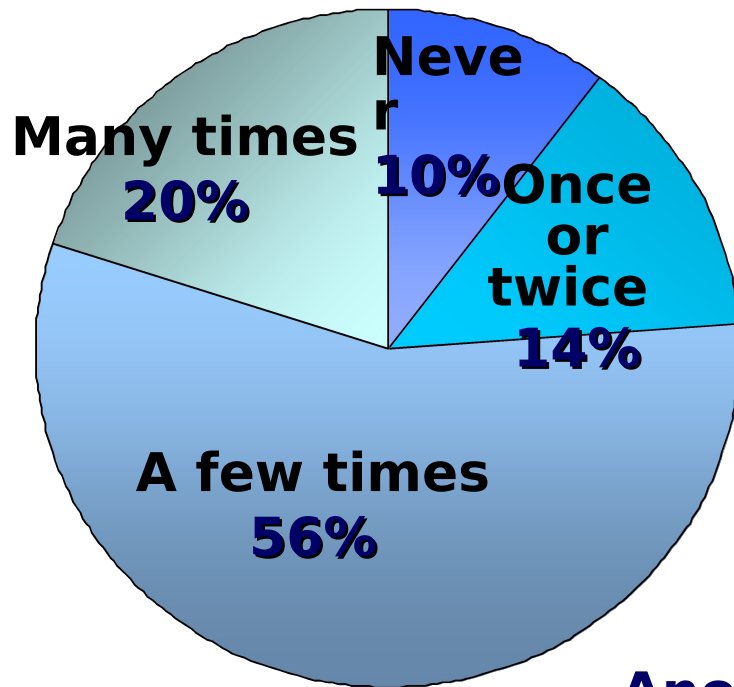
Stigma Prevents Some Service Members From Getting Needed Help

- **Walter Reed Army Institute of Research (WRAIR) study:** 1709 soldiers and Marines surveyed 3-4 months after OIF-I
 - 17% had symptoms of depression, anxiety or PTSD
 - 86% of those with symptoms realized they had a problem
 - 45% said they wanted help
 - 29% had received mental health help in the past year
- **Biggest reasons for not asking for help:**
 - 65%: "I would be seen as weak"
 - 63%: "My leaders might treat me differently"
 - 59%: "My unit might have less confidence in me"
 - 55%: "I couldn't get time off of work to get treatment"
 - 51%: "My leaders would blame me for the problem"
 - 50%: "It would harm my career."

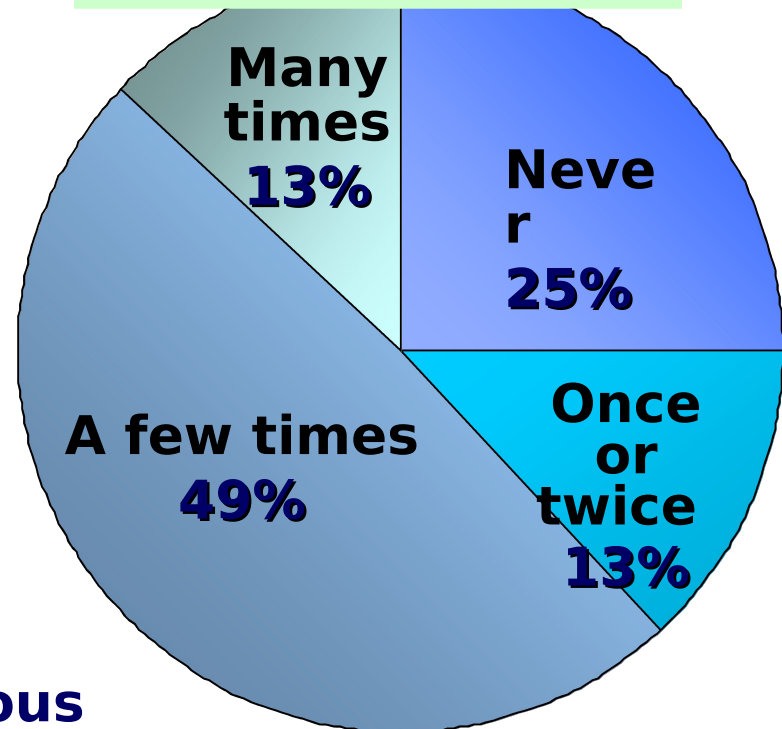


How Often Have Marine Leaders Witnessed Significant Stress Symptoms in Their Marines?

**Marine E-8's
(N=125)**



**Marine O-4's
(N=123)**

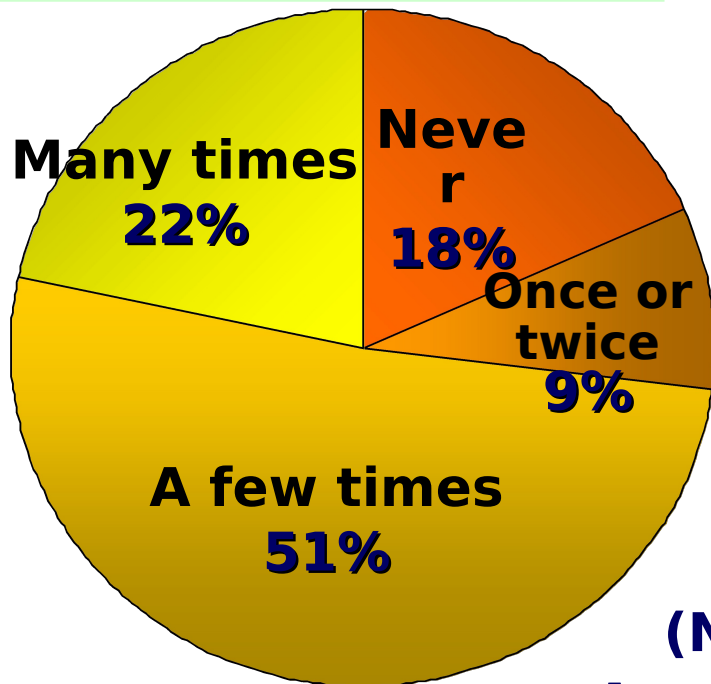


**Anonymous
surveys
conducted at
MCU, 2006-
2007**

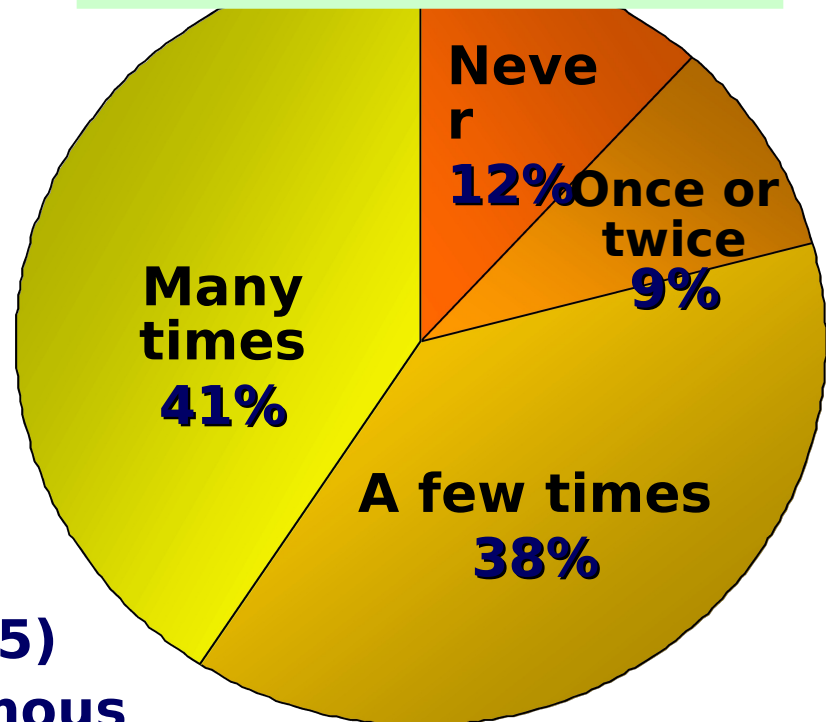


How Often Have Marine E-8's Seen Their Marines Avoid Getting Help?

For Stress Problems



For Physical Problems



(N=95)
Anonymous
surveys
conducted at
MCU, 2006-2007



Even the Strongest May Be Injured by Combat/Operational Stress

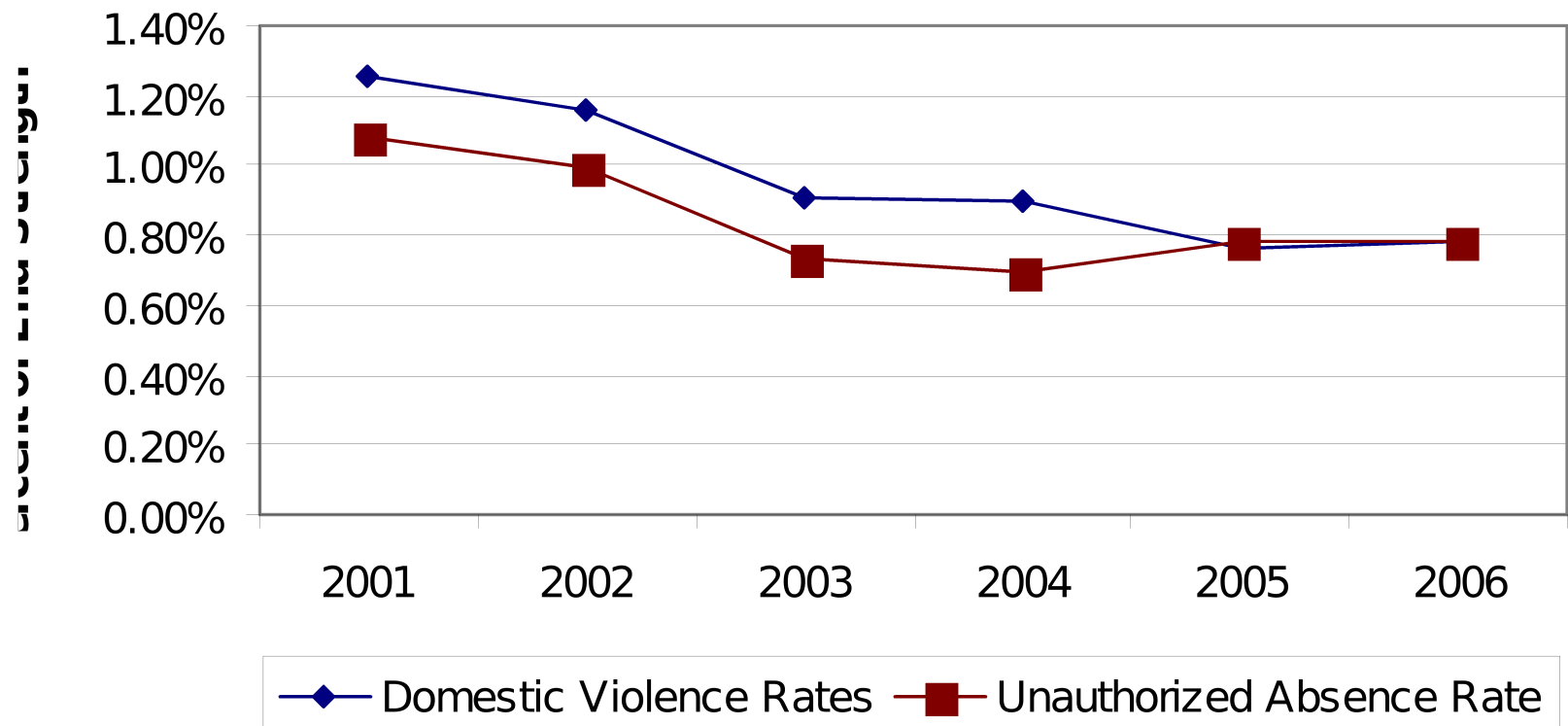
The Case of Audie Murphy:

“Twenty-two years after his last combat experience in World War II, America’s best known hero, Audie Murphy, still slept with the lights on and a loaded pistol by his bed ... he couldn’t bring himself to ask for help concerning his war stress. After all... he had won the Congressional Medal of Honor.”



Force and Family Stress Indicators

USMC Force and Family Indicators by FY

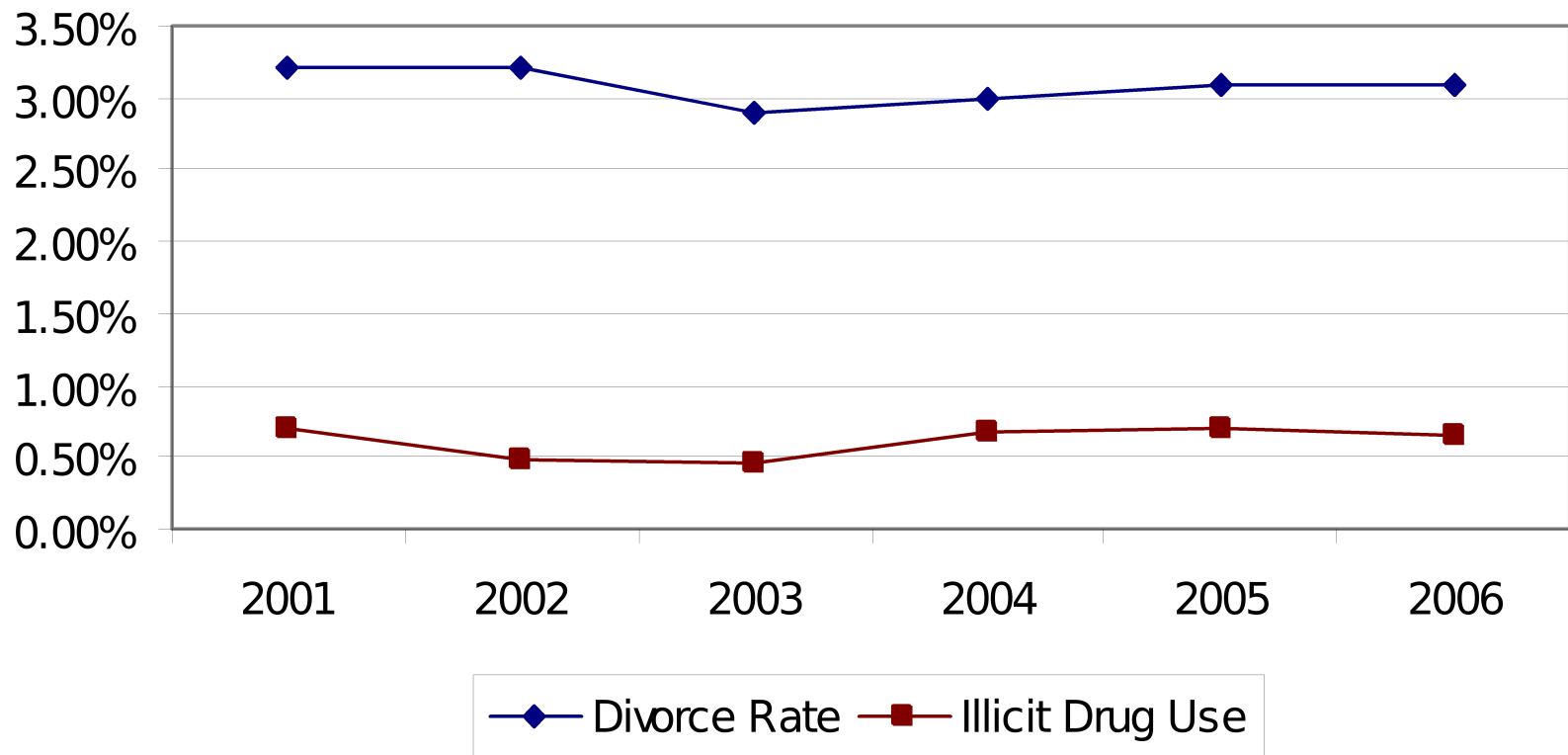


Source: DC M&RA Report: Indicators of Stress on the Force

Force and Family Stress Indicators



USMC Force and Family Indicators by FY

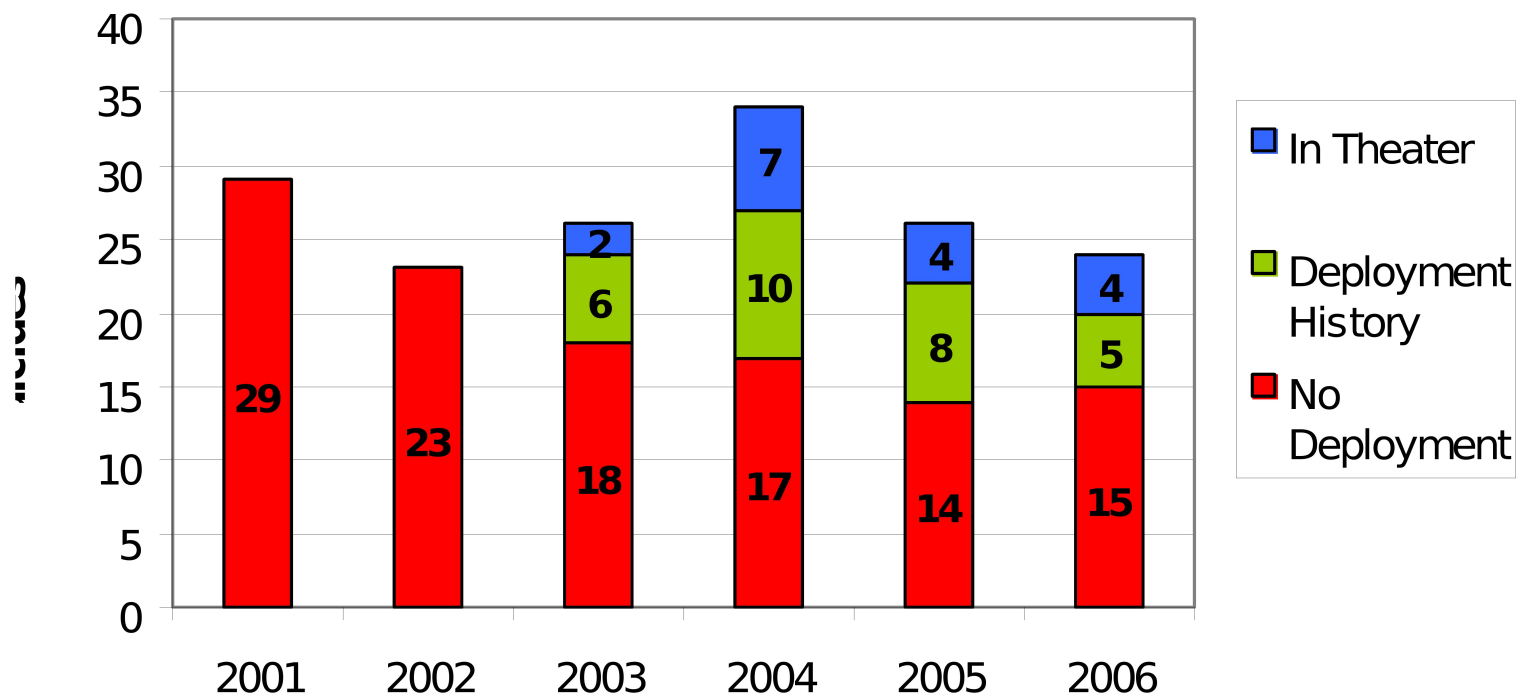


Source: DC M&RA Report: Indicators of Stress on the Force

Force and Family Stress Indicators



USMC Suicides by CY



Source: DC M&RA Suicide Incidence Report



Scope of Marine Corps COSC

- **Actions:**

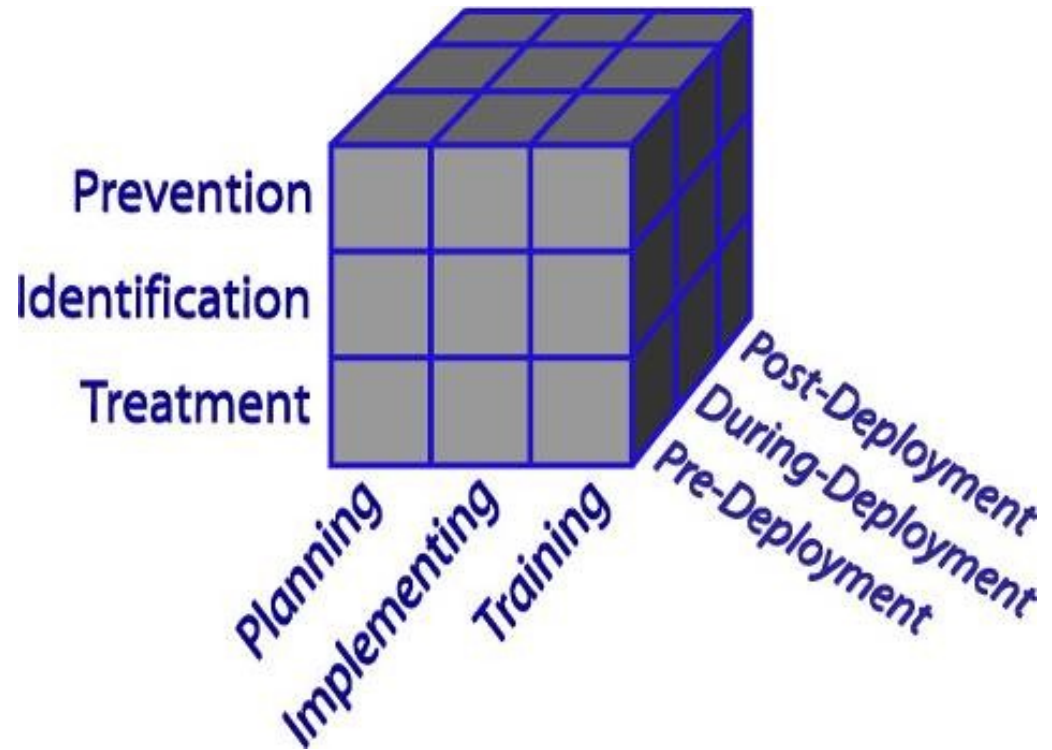
- Planning
- Training
- Implementing

- **Goals:**

- Prevention
- Identification
- Management & treatment

- **Objectives:**

- Force preservation
- Health and well-being



Targets of COSC:

Stress injuries

Marine Corps COSC Organization



- **COSC Branch of Personal & Family Readiness, M&RA, HQMC**
 - Chartered November 2005 by ACMC
 - Planning, training, and implementing of policies and programs
 - To prevent, identify and manage stress injuries
- **Multidisciplinary HQMC COSC Team — USMC plus:**
 - Veterans Administration
 - National Center for PTSD
 - Navy Bureau of Medicine and Surgery
 - Naval Health Research Center
 - Center for Naval Analyses
 - National Child Traumatic Stress Network
 - Uniformed Services University of the Health Sciences
 - Many civilian universities (BU, UCSD, UCLA, VCU)

COSC Strategic Plan

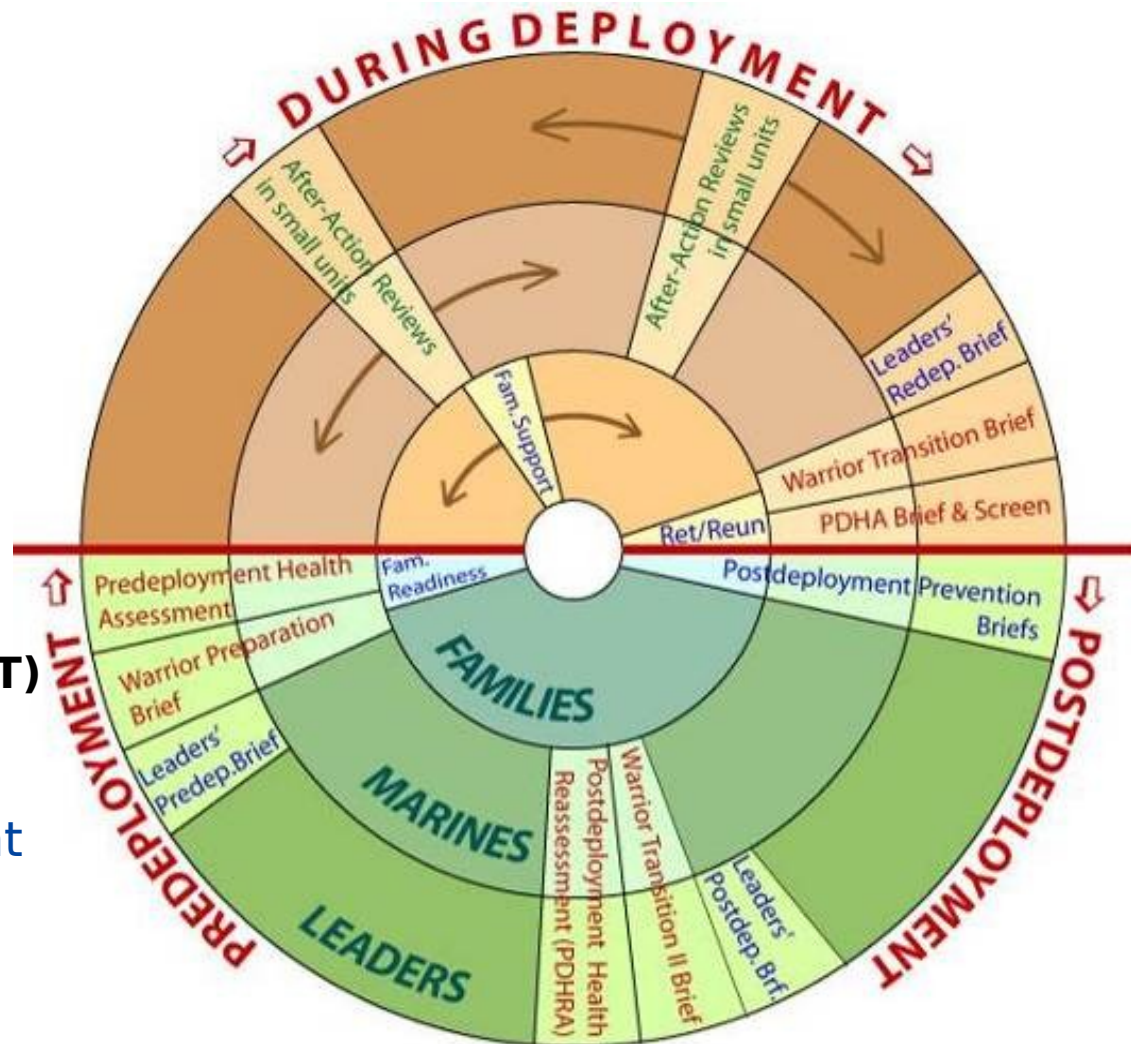


Doctrine & Policy	Education & Training	Research & Data Management	Programs & Interventions
<ul style="list-style-type: none"> • New USMC-USN COSC doctrinal manual • Institutionalize OSCAR Program • COSC Marine Corps Order 	<ul style="list-style-type: none"> • Continually improve deployment-cycle training • COSC in all USMC career schools • COSC in USN schools for medical 	<ul style="list-style-type: none"> • Develop & maintain monthly COSC data “dashboard” • Promote COSC research agenda • Monitor COSC implementations 	<ul style="list-style-type: none"> • Develop Psychological First Aid tools for every level of early intervention • Develop COSC peer mentorship • Family COSC



Marine Operational Stress (MOSST) Program (MARADMIN 112/07)

- Pre-Deployment
 - Leadership training
 - Warrior Preparation (WP)
 - Pre-DHA
 - Family training
- During Deployment
 - After Action Reviews
 - Family crisis services
- Before Redeployment
 - Leadership training
 - Warrior Transition (WT)
 - PDHA
 - Return & Reunion
- 3-6 Mos. Post-Deployment
 - Leadership training
 - Warrior Transition II (WT-II)
 - PDHRA



Goals of MOSST Program



- **Warrior Preparation** — before deployment
 - Stress monitoring
 - Self-aid and buddy aid
- **Warrior Transition** — before returning
 - Safety after homecoming
 - Holistic health and recovery
 - Identifying severe stress injuries
- **Warrior Transition II** — 3-4 months later
 - Self-assessment of major areas of function
 - Tools for wellness
 - Identifying persistent stress injuries



Operational Stress Control And Readiness (OSCAR) Program

- Pilot project in Marine Corps' three active divisions
- Community mental health teams at level of regiments
 - Psychiatrist or psychologist
 - Psychiatric technician corpsman
 - Marine Staff NCO (infantryman)
 - Chaplain (part time)
- Organic to Division — before, during, after deployment
- Required to spend significant portion of time in field or outside the wire supporting ground combat
- Mission: prevention, identification, treatment
- Way ahead: to become program of record later this year, and expand eventually to serve entire MAGTF



Marine Sergeants Major are Crucial to Combat/Operational Stress Control

- **You already train for resilience and toughness**
 - Research shows this is an important protective factor
 - Provide maximum realistic training and conditioning
 - Push and bend to the limit: What doesn't break you will make you strong
- **You already prevent unneeded stress during deployment**
 - Keep them healthy and motivated
 - Keep them fed, hydrated, and rested
 - Keep the home front calm
- **You can make it OK to get help for combat stress**
 - Make it like any physical injury – get it fixed for the team
 - Encourage them to help themselves, their families, and their buddies
 - Reward them for getting back on track and keeping each other at full readiness
 - Make sure they get comprehensive treatment after they return



Marine Sergeants Major are Crucial to Combat/Operational Stress Control

- **You are in the best position to ensure early intervention**
 - Early intervention increases likelihood of returning to duty and to maximum recovery
- **You can help improve the Marine Corps COSC program**
 - Learn more about stress injuries and how to prevent them
 - Provide feedback on standards for fitness, suitability, and deployability after stress injuries
 - Support COSC training and demonstrate its importance
 - Support OSCAR manning requirements to ensure full functionality
 - Support COSC research efforts to make sure we are doing the right things for our Marines
 - Make sure your local mental health providers understand the Corps
 - Support each other in reducing stigma



RESOURCES

- **HQMC Combat/Operational Stress Control Program**
 - Doctrine, policy, research, data, education, training, program management and coordination
 - Located at HQMC Manpower and Reserve Affairs, Quantico, VA
 - Return and Reunion resources online: <http://www.manpower.usmc.mil/cosc>
 - Head: CAPT William Nash, MC, USN, 703-784-9548, william.nash@usmc.mil
 - Deputy: Tom Gaskin, Ph.D., GS-14, 703-432-9260 or thomas.gaskin@usmc.mil
- **Veterans Administration Readjustment Counseling Services**
 - Help for campaign vets, no time limits, experienced vets as counselors
 - www.va.gov/rccs
- **DoD Deployment Health Support Directorate**
 - Coordinating office for deployment-related issues across services
 - deploymentlink.osd.mil



RESOURCES

- **National Center for PTSD**
 - Part of the Veterans Administration
 - Information, research, videos, etc
 - www.ncptsd.org
- **National Suicide Prevention Hotline**
 - 24/7 federally-funded, with over 100 crisis centers nationwide
 - 1-800-273-8255
- **Military One Source**
 - Confidential assistance by phone or online, confidential face-to-face counseling and referral for COS issues
 - 1-800-869-0278 or www.militaryonesource.com




RESOURCES

- **Leaders Guide for Managing Marines in Distress**
 - Quick reference for leaders at all levels
 - Online, downloadable, and pocket reference
 - Covers 16 problem areas, including
 - Deployment, Family, Finances, Legal issues
 - Emotional, Substance Abuse, Harassment issues
 - Tells what to look for, what to do, what not to do, regs, and resources
 - See www.usmc-mccs.org/LeadersGuide/index.htm



of the Leaders Guide banner

Deployment	General Information	Combat Stress	Operational Stress	Death of a Unit Member	Mass Casualty
Combat and Operational Stress Deployment Cycle Issues Family Marital Problems Domestic Abuse Child Maltreatment Exceptional Family Members Personal Financial Problems Legal Problems Retirement/Separations Harassment Sexual Harassment Sexual Assault Substance Use Alcohol Use Drug Use Emotional Grief and Loss Suicidal Behavior Mental Health Problems	<h2>Combat and Operational Stress</h2> <div>  <p>“Combat/ Operational Stress Reaction” (COSR) is an issue that will likely affect every Marine unit. Left unaddressed, the effects of combat and operational stress can lead to long-term psychological injuries. Although not as visible as physical trauma, psychological injuries have been a significant portion of total casualties in any conflict. In the American military, combat stress reactions were noted as early as the Civil War. After the First World War, large numbers of combatants suffering from “shell shock” sought medical attention. Combat stress reactions were observed in more than 20% of US troops in World War II, and in the Korean War, 10% of medical evacuations were attributable to combat stress. Some estimate that as many as 30% of Vietnam veterans suffer from the long-term effects of untreated COSR. Approximately 15% of long term casualties after the Gulf War were psychological in nature. Effectively addressing the psychological effects of such stress both before and after it occurs can greatly improve a unit's readiness status.</p> <p>For more information on this topic to include</p> </div>				

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COMBAT/OPERATIONAL STRESS CONTROL

QUESTIONS?